KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form U3C
June 2015
Form must be Typed
Form must be completed on a per well basis

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # 5118
Name: TGT Petroleum Corporation
Address 1: PO BOX 75097
Address 2:
City: WICHITA State: KS Zip: 67275 + 0097
Contact Person: Aaron Herrington
Phone: (316) 773-2266
Lease Name: HUFF
Well Number: 3

API No.: 15-039-20157-00-00
Permit No: D15641.0
Reporting Year: 2023
(January 1 to December 31)

____ - SE - SE - NE Sec. 17 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
2782 feet from ☐ N / ☑ S Line of Section
603 feet from ☑ E / ☐ W Line of Section
County: Decatur

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: ____ mg/l Specific Gravity: ____ Additives: ____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: ____ *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1000				31
February	800				28
March	1000				31
April	900				30
May	1000				31
June	900				30
July	1000				31
August	1000				31
September	900				30
October	1000				31
November	900				30
December	1000				31
TOTAL	11400		0		

Submitted Electronically